ST. PAUL HOME

310 EASI FOURIEENIN SIKE	316	EAST	FOURTEENTH	STREET
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KAUKAUNA 54130 Phone: (920) 766-6020		Ownership:	Nonprofit Church/Corporation
Operated from $1/1$ To $12/31$ Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/05):	129	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/05):	129	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/05:	123	Average Daily Census:	126
*************	*****	***********	*********
Age, Gender, and Primary Diagnosis of Residents (12/31/05)		Length of Stay (12/31/05) %

Age, Gender, and Primary Diagnosis of F	Length of Stay (12/31/05)	%			
Primary Diagnosis	8	Age Groups	8	Less Than 1 Year 1 - 4 Years	36.6 50.4
Developmental Disabilities	0.0	Under 65	1.6	More Than 4 Years	13.0
Mental Illness (Org./Psy)	30.9	65 - 74	3.3		
Mental Illness (Other)	4.1	75 - 84	26.0		100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	57.7		
Para-, Quadra-, Hemiplegic	0.0	95 & Over	11.4	Full-Time Equivalent	
Cancer	2.4			Nursing Staff per 100 Resid	ents
Fractures	0.0		100.0	(12/31/05)	
Cardiovascular	0.0	65 & Over	98.4		
Cerebrovascular	5.7			RNs	13.2
Diabetes	2.4	Gender	8	LPNs	5.4
Respiratory	3.3			Nursing Assistants,	
Other Medical Conditions	51.2	Male	27.6	Aides, & Orderlies	47.3
		Female	72.4		
	100.0	j			
		İ	100.0		

Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other		1	Private Pay	!		amily Care		İ	Managed Care	Į.		
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	 5	6.5	145	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	4.1
Skilled Care	13	100.0	325	70	90.9	125	0	0.0	0	29	90.6	185	0	0.0	0	1	100.0	330	113	91.9
Intermediate				2	2.6	104	0	0.0	0	3	9.4	185	0	0.0	0	0	0.0	0	5	4.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	13	100.0		77	100.0		0	0.0		32	100.0		0	0.0		1	100.0		123	100.0

ST. PAUL HOME

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/05
Deaths During Reporting Period					0 N		
					% Needing		Total
Percent Admissions from:		Activities of	8		sistance of		Number of
Private Home/No Home Health	2.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		83.7	16.3	123
Other Nursing Homes	3.8	Dressing	1.6		86.2	12.2	123
Acute Care Hospitals	87.3	Transferring	19.5		70.7	9.8	123
Psych. HospMR/DD Facilities	0.0	Toilet Use	17.1		67.5	15.4	123
Rehabilitation Hospitals	0.0	Eating	53.7		39.8	6.5	123
Other Locations	0.0	******	******	*****	* * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	*****
Total Number of Admissions	212	Continence		왕	Special Treatmen	ts	8
Percent Discharges To:		Indwelling Or Extern	nal Catheter	0.8	Receiving Resp	iratory Care	8.1
Private Home/No Home Health	44.4	Occ/Freq. Incontiner	nt of Bladder	4.9	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	12.6	Occ/Freq. Incontiner	nt of Bowel	52.8	Receiving Suct	ioning	0.0
Other Nursing Homes	1.9	İ			Receiving Osto	my Care	0.8
Acute Care Hospitals	7.5	Mobility			Receiving Tube	Feeding	0.8
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.8	Receiving Mech	anically Altered Diets	2.4
Rehabilitation Hospitals	0.0	į -				-	
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	21.5	With Pressure Sores		7.3	Have Advance D	irectives	85.4
otal Number of Discharges		With Rashes		17.1	Medications		
(Including Deaths)	214				Receiving Psyc	hoactive Drugs	51.2

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Owne	ership:	Bed	Size:	Lic	ensure:			
	This	Non	Nonprofit Peer Group % Ratio		-199	Ski	lled	Al	1	
	Facility	Peer			Group	Peer	Group	Faci	lities	
	%	%			Ratio	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	97.7	93.4	1.05	90.1	1.08	88.8	1.10	88.1	1.11	
Current Residents from In-County	79.7	85.9	0.93	84.9	0.94	83.2	0.96	77.6	1.03	
Admissions from In-County, Still Residing	16.0	20.9	0.77	18.1	0.89	18.7	0.86	18.1	0.88	
Admissions/Average Daily Census	168.3	162.7	1.03	188.0	0.89	177.7	0.95	162.3	1.04	
Discharges/Average Daily Census	169.8	162.0	1.05	191.1	0.89	179.2	0.95	165.1	1.03	
Discharges To Private Residence/Average Daily Census	96.8	81.3	1.19	87.1	1.11	83.4	1.16	74.8	1.29	
Residents Receiving Skilled Care	95.9	97.5	0.98	96.6	0.99	96.3	1.00	92.1	1.04	
Residents Aged 65 and Older	98.4	96.3	1.02	90.0	1.09	91.3	1.08	88.4	1.11	
Title 19 (Medicaid) Funded Residents	62.6	54.2	1.15	62.3	1.00	61.8	1.01	65.3	0.96	
Private Pay Funded Residents	26.0	31.8	0.82	20.8	1.25	22.5	1.16	20.2	1.29	
Developmentally Disabled Residents	0.0	0.5	0.00	0.9	0.00	1.1	0.00	5.0	0.00	
Mentally Ill Residents	35.0	33.9	1.03	34.5	1.01	34.8	1.00	32.9	1.06	
General Medical Service Residents	51.2	25.2	2.03	22.0	2.33	23.0	2.22	22.8	2.25	
Impaired ADL (Mean)	47.2	49.3	0.96	48.8	0.97	48.4	0.97	49.2	0.96	
Psychological Problems	51.2	57.5	0.89	59.9	0.86	59.5	0.86	58.5	0.88	
Nursing Care Required (Mean)	4.6	6.9	0.66	7.3	0.63	7.2	0.64	7.4	0.62	